

Role of MRI in diagnosing multiple sclerosis

Early diagnosis using MRI and early treatment delays disease conversion

EDITOR—Whiting et al ignore data collected over the past 15 years that show repeatedly that early diagnosis of multiple sclerosis is crucial and that early treatment leads to a far better outcome on numerous measures, immunological and clinical, than late treatment.¹

In patients with one attack of multiple sclerosis starting immune therapy with interferon beta-1a can delay the patient meeting diagnostic criteria for clinically definite multiple sclerosis compared with untreated patients, and the untreated patients never quite catch-up when they eventually begin immune therapy.² At this month's 58th annual meeting of the American Academy of Neurology San Diego another study (BENEFIT) using interferon beta-1b confirms the same point (M S Fredman; C H Polman, scientific sessions).

The management of multiple sclerosis has slowly been moving towards early diagnosis and treatment because it is the best way yet known to avoid the accumulation of significant deficits in the daily life of patients and to afford them the best quality of life and health possible for the longest possible time. That is why so much effort has been put into magnetic resonance imaging (MRI) studies and early treatment trials.

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References

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2. Kinkel RP, CHAMPIONS Study Group. IM interferon beta-1a delays definite multiple sclerosis 5 years after a first demyelinating event. *Neurology* 2006;66: 678-84.